

STANDARD INSURANCE TABLE

Defense Manpower Data Center

The Defense Manpower Data Center (DMDC) maintains the largest archive of personnel, manpower, training, and financial data in the Department of Defense (DoD). The personnel data holdings, in particular, are broad in scope and extend back to the early 1970s to cover all Military Services, all components of the Total Force (active duty, guard, Reserve, civilian), and all phases of the personnel life cycle (accession, separation, retirement). In addition, DMDC is responsible for the management and operation of the Defense Enrollment Eligibility Reporting System (DEERS) and the Real-Time Automated Personnel Identification System (RAPIDS).

Under the TRICARE Next Generation (TNEX) DEERS was tasked to provide the centralized Standard Insurance Table (SIT) of Health Insurance Carriers (HICs) maintained by the TRICARE Management Activity (TMA) Uniform Business Office (UBO) in support of the MHS third party billing and collection process.

Standard Insurance Table (SIT)

The SIT data are validated by the UBO in TMA. DEERS is the central repository of the SIT information for the use by the MHS organizations. Authorized MHS organizations will hold local copies of the SIT and subscribe to DEERS for updates at least once a day.

The centralized SIT is the Department of Defense (DoD) standardized table of authenticated health insurance carriers.

- The authenticated carriers are available to attach to a person who has a commercial health insurance policy.
- The commercial policies are termed Other Health Insurance (OHI) because they are not TRICARE programs or Medicare programs.

The assignment of an OHI to a person is conducted at many levels in the MHS organization.

- The OHI may be added by an MCSC when performing a beneficiary enrollment into a TRICARE program through the DEERS Online Enrollment System (DOES).
- In a subsequent encounter through the OHI/SIT Web application provided by DMDC, following a claims encounter through a system to system interface or the OHI/SIT Web application.
- Or during a patient encounter in the Direct Care System through the Composite Health Care (CHCS) to DEERS through a system to system interface.

Additions, modifications, and deletions of HICs performed in the Direct Care Systems is sent from the Composite Health Care System (CHCS) to DEERS through SOAP/XML Message transactions.

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Actions

- **Subscriptions**
 - Full Subscription
 - Partial Subscription
- **Add**
 - Add a new SIT Carrier and Coverage(s)
 - Add a new Coverage to an existing SIT Carrier
- **Update**
 - Update data on a SIT Carrier
 - Update data on SIT Coverages
- **Deactivate a Carrier**
- **Cancel**
 - Cancel a SIT Carrier Add
 - Cancel Coverage Adds

Subscriptions

- **Full Subscription:**
 - Sends the full SIT File from the Master SIT on DEERS to the subscribing site.
 - Is always sent at SIT/OHI conversion.
 - Is sent upon request when sites are out of synch with the Master SIT on DEERS, for more than 7 days.
- **Partial Subscription:**
 - Sends all updates since the last time the subscribing site received a Partial Subscription from the Master SIT on DEERS.
 - Note: CHCS requests Partial Subscriptions hourly.

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Add New Carrier and Coverage

- Add a Carrier and one or more Coverages or Claims Addresses.
- The Carrier is assigned a unique HIC (Health Insurance Carrier) ID:
 - First 3 characters of the Health Insurance Carrier Name
 - State Code or Country Code
 - 4 numbers, sequentially assigned by DEERS
 - Once a HIC ID is assigned it can not be changed
- The Coverage or Claims Address is defined by the unique combination of:
 - HIC Coverage Type Code
 - HIC Coverage Payer Type Code
- All new Carriers are placed in a “Temporary” status until the Carrier and all Coverages are verified by TMA UBO.
 - Once verified, the Status Code is change to Standard / Verified.
- POC or Point of Contact is the person that input the new Carrier. If there are questions during the verification process, TMA UBO may contact the POC.

Add New Carrier and Coverage

- Required data for adding a new SIT Carrier:
 - Health Insurance Carrier Name
 - Point of Contact Name
 - Point of Contact Telephone Number
- Required data for adding a new Health Insurance Carrier Coverage:
 - Health Insurance Carrier Coverage Type Code
 - Health Insurance Carrier Coverage Payer Type Code

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- Street Address or Post Office Box
- City
- State Code, if Country Code is "US"
- Zip Code, if Country Code is "US"
- Country Code
- Telephone Number

Add Coverage to an Existing Carrier

- New Coverages or Claims Addresses can be added to an existing, verified Carrier:
 - No action can be taken if the Carrier has not been verified by TMA UBO.
- Once a new Coverage or Claims Address has been added to an existing Carrier, the Carrier and all Coverages are placed in an Unverified status.
 - No other additions or changes can be made until the Carrier is verified by TMA UBO.
 - The Coverage Add is reviewed and verified by TMA UBO.
 - Once the Coverage Add is verified, all Coverage statuses are placed in a Verified status.

Update a Carrier and Coverage

- Updates are data changes to existing Carriers and Coverages.
- Updates can be made to **VERIFIED** Carriers and Coverages.
- Once a Carrier and/or Coverage is updated, the Carrier and all subordinate Coverages are placed in an Unverified status.
 - No other site may add or update the Carrier or Coverage in an Unverified status.
 - Carrier and/or Coverage Updates are reviewed and verified by TMA UBO.

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- Once the Carrier and/or Coverage Update is verified, all Coverage statuses are placed in a Verified status.

Deactivate a Carrier

- Carriers are **Deactivated** when:
 - The Carrier no longer operates globally or in a specific state.
 - The Carrier no longer services DoD Other Health Insurance (OHI).
- Deactivation is a Carrier-level action:
 - All subordinate Coverages are systematically deactivated when the Carrier is deactivated.
- Only **verified** Carriers can be deactivated.
- Once a Carrier is deactivated, the Carrier and Coverage are placed in an Unverified Status.
 - Carrier Deactivations must be reviewed by TMA UBO.
 - Once a Carrier Deactivation is verified by TMA UBO, all OHI Policies are systematically terminated.
 - Once a Carrier is deactivated and verified, it cannot be reinstated.

Cancel Carrier/Coverage Add

- Only Unverified Carriers and/or Coverages can be cancelled.
- Only Carrier or Coverage **Adds** can be cancelled.
- A Carrier Add can be cancelled:
 - Cancelling a Carrier Add cancels all subordinate coverages.
 - Cancelling a Carrier Add cancels all OHI Policies assigned to the cancelled Carrier.
- A Coverage **Add** can be cancelled:
 - Cancelling all Coverages cancels the Carrier.

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- Cancelling a Coverage Add cancels all OHI Coverages assigned to the cancelled Coverage.
 - If all OHI coverages are cancelled, the OHI Policy is cancelled.

MTF SIT Web Application

To login to the MTF Web Application, input:

- User ID
- Password
- Site ID

Click the **Logon** button

Change Password:

The first time you login into the MTF SIT Web Application, you must change your password. Click on:

- User Option for Password Maintenance >>

To change a password, input:

- Current Password
- New Password
- Verify New Password

Click the **Submit** button.

DEERS passwords must contain:

- One uppercase letter
- One lowercase letter
- One number
- One special character
- No letter, number, or special character may be repeated

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HIC Inquiry:

The first step to adding or updating a Standard Insurance Table (SIT) record is performing an inquiry. Click on:

- Health Insurance Carrier Inquiry >>

Define your Health Insurance Carrier (HIC) Inquiry search criteria.
Input:

- HIC Name – Required – At least the first 3 characters of a Health Insurance Carrier Name
- State Code – State Code or Country Code are required
- Zip Code – Optional
- Country Code – If the Carrier is not in the United States

Click the **Submit** Button to initiate the inquiry.

DEERS returns all Health Insurance Carriers that meet the search criteria you defined.

- If the Carrier and/or Claims Address you are search for is not displayed in the Carrier List, click the **ADD A CARRIER** button.
- If you want to view the detail for a Carrier and Claims Address in the Carrier List, position your cursor on the Carrier/Claims Address line and click.
- To perform another SIT Inquiry, click the **ANOTHER INQUIRY** button.

To add a Carrier, complete the Health Insurance Carrier Information screen:

- Fields marked with a red asterisk are required.
- Point of Contact Name is the person inputting the Carrier information. The Point of Contact may be contacted by TMA UBO Verification Point of Contact (VPOC) during the verification process.

Click the **Next->** button.

Complete the Carrier Add by inputting the Carrier Claims (Address) Information:

- Fields marked with a red asterisk are required.

Click the **Submit** button.

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If you determine that Carrier or Claims Address information should be updated after you perform a SIT Inquiry, click the **Update** button.

- You should only correct obvious errors, such as spelling errors.
- You should not change an address. If another address is required, add a new Carrier or Claims Address.
- When you click the update button, the application will return the Carrier and Carrier Claims Information screens.
- Required fields are marked with a red asterisk.

Click the **Submit** button to complete the Update.

Do not select the **Deactivate** button. Do not deactivate a carrier during pre-conversion.

- Deactivating a Carrier terminates all OHI with the Carrier assignment.

TMA UBO will restore all Carriers (reject the deactivation) when an MTF submits a deactivation request during pre-conversion.

If you erroneously add a Carrier and wish to cancel the Carrier Add,

- Click the **Cancel** button.
- Only Carriers that have not been verified by TMA UBO can be cancelled.
- Only the site that added the Carrier may cancel a Carrier Add.

STANDARD INSURANCE TABLE

The attached Tables show the data elements for the Standard Insurance Table (SIT) used for Health Insurance Carrier (HICs) and Health Insurance Carrier Coverages (HICCs) resident on DEERS.

HIC TABLE (Standard Insurance Table) Data Element Names

DEERS Health Insurance Carrier (HIC) Table Data Element Name (Parent Table)	Information
<i>Health Insurance Carrier (HIC) Identifier (9 characters)</i>	Formerly called Short Name
<i>Health Insurance Carrier (HIC) Name (35 characters)</i>	Name from the Standard Insurance Table
Health Insurance Carrier (HIC) Deactivation Calendar Date (8 characters)	Date a HIC is deactivated. CCYYMMDD
Health Insurance Carrier (HIC) Status Code (1 character)	S=Standard, T=Temporary, D=Deactivated, P=Placeholder, C=Cancelled, R=Rejected
Health Insurance Carrier (HIC) Verification Status Code (1 character)	D=Unverified Data (update), U=Unverified Carrier/Coverage (add), V= Verified
Health Insurance Carrier (HIC) Verification System Name (Transfer Only) (40 characters)	Name of the System that added/updated the HIC
Health Insurance Carrier (HIC) Standard Comment Text (60 characters)	Comments added by VPOC for all users
Health Insurance Carrier (HIC) Local Comment Text (60 characters)	Comments added by Local Site to notify VPOC of information or to use locally
Health Insurance Carrier (HIC) Website Address Text (80 characters)	Website address of Insurance Carrier
Health Insurance Carrier (HIC) Customer Service E-Mail Address Text (80 characters)	Customer Service E-Mail Address of the Insurance Carrier
Health Insurance Carrier (HIC) Point of Contact Full Name Text	Full Name of the local user adding/updating the entry for use by VPOC if there are questions.
Health Insurance Carrier (HIC) Point of Contact Telephone Number Identifier (20 characters)	Telephone number of the local user adding/updating the entry for use by VPOC if there are questions.
Health Insurance Carrier (HIC) Point of Contact Telephone Number Extension Identifier (5 characters)	Telephone number extension of the local user adding/updating the entry for use by VPOC if there are questions
Health Insurance Carrier (HIC) Point of Contact E-Mail Address Text (80 characters)	E-mail address of the local user adding/updating the entry for use by VPOC if there are questions.

A "Transfer Only" element is not stored on the data base but is returned when an Inquiry is received for HIC/OHI information.

Italics = Element was on the Old SIT

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DEERS Health Insurance Carrier Coverage (HICC) Table Data Element Name (Child Table)	Information
Health Insurance Carrier (HIC) Coverage Type Code (2 characters)	XM=Comprehensive Medical (default), MD=Medical Only, DN=Dental, IP=Inpatient, OP=Outpatient, LT=Long Term Care, RX=Pharmacy Only, MH=Mental Health, VI=Vision, PH=Partial Hospitalization, SN=Skilled Nursing
Health Insurance Carrier (HIC) Coverage Payer Type Code (1 character)	B=Both Institutional and Professional (default) I= Institutional Only, P=Professional Only, N=Nonbillable
Health Insurance Carrier (HIC) Coverage Status Code (1 character)	S=Standard, T=Temporary, D=Deactivated, P=Placeholder, C=Cancelled, R=Rejected
Health Insurance Carrier (HIC) Coverage Verification Status Code	D=Unverified Data (update), U=Unverified Carrier/Coverage (add), V=Verified
Health Insurance Carrier (HIC) Coverage Verification System Name (Transfer Only) (40 characters)	Name of System that added/updated the Coverage
<i>Health Insurance Carrier (HIC) Coverage Standard Comment Text (60 characters)</i>	Comments added by VPOC for all users.
Health Insurance Carrier (HIC) Coverage Local Comment Text (60 characters)	Comments added by Local Site to notify VPOC of information/to use locally
<i>Health Insurance Carrier (HIC) Coverage Mailing Address Line 1 Text (50 characters)</i>	Optional: Attention Line for the Carrier Coverage Mailing Address
<i>Health Insurance Carrier (HIC) Coverage Mailing Address Line 2 Text (50 characters)</i>	Required: Carrier Coverage Street Address/PO Box
<i>Health Insurance Carrier (HIC) Coverage Mailing Address City Name (30 characters)</i>	Carrier Coverage City Name
<i>Health Insurance Carrier (HIC) Coverage Mailing Address US Postal Region State Code (2 characters)</i>	Carrier Coverage State Code
<i>Health Insurance Carrier (HIC) Coverage Mailing Address US Postal Region Zip Code (5 characters)</i>	Carrier Coverage Zip Code
Health Insurance Carrier (HIC) Coverage Mailing Address US Postal Region Zip Extension Code (4 characters)	Carrier Coverage Zip Extension Code
Health Insurance Carrier (HIC) Coverage Mailing Address Country Code (2 characters)	Carrier Coverage Country Code (must be US if State Code is Used)
Health Insurance Carrier (HIC) Coverage Telephone Address Line Number Identifier (20 characters)	Carrier Coverage Telephone Number
Health Insurance Carrier (HIC) Coverage Telephone Address Line Number Extension Identifier (20 characters)	Carrier Coverage Telephone Number Extension
<i>Health Insurance Carrier (HIC) Coverage FAX Telephone Address Line Number Identifier (20 characters)</i>	Carrier Coverage Fax Telephone Number

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Health Insurance Carrier Coverage Type Code Definitions

Comprehensive Medical (XM). A type of coverage used as the default when it is known that medical coverage exists but it is not known if pharmacy coverage exists under that medical policy. When it is known that pharmacy does not exist for the medical coverage than the coverage type entered is Medical (MD). If medical coverage and pharmacy coverage both exist then the coverage types entered are Medical (MD) and Pharmacy (RX).

Dental Coverage (DN). A type of coverage used to provide preventive, restorative, and emergency dental services. Preventive services include biannual routine examinations, cleanings and x-rays. Restorative services may include basic and major dental procedures such as fillings, extractions, crowns, and dentures.

Inpatient Coverage (IP). A type of coverage used when a patient requires inpatient admission to a DoD Medical treatment facility or to a contracted provider facility within the network. Inpatient coverage is when they are in a treatment facility that will require them to stay more than 24 hours.

Outpatient Coverage (OP). A type of coverage used when a patient requires outpatient clinical services from a DoD Medical treatment facility or from a contracted provider facility within the network. The patient is sent home the same day from the treatment facility.

Long Term Care Coverage (LT). A type of coverage used to cover a patient's extended stay in an approved facility. Long Term Care is usually for someone who has a serious injury that requires the supervision and attention of a health care provider 24 hours a day, 7 days per week.

Medical Coverage (MD). A type of coverage used to provide care for individuals as an inpatient/outpatient at the medical treatment facilities. A patient can be seen in a DoD treatment facility or a contracted facility within the network.

Mental Health Coverage (MH). A type of coverage used when a patient requires mental health/substance abuse treatment and counseling. The patient is covered as an inpatient or outpatient.

Pharmacy Coverage (RX). A type of coverage used to cover a patient's prescribed medication by a physician. Generic and brand medication is also covered if filled at a network pharmacy.

Skilled Nursing Facility Coverage (SN). A type of coverage used when a patient requires SNF care following strokes, accidents, or other major injury event. The coverage is used in the Medicare population under the Tricare Senior Program (TSP) and for Prime enrollees who require SNF care.

Partial Hospitalization (PH). A type of coverage used when a patient stays in a hospital during the night and leaves on pass during the day for work. The coverage is usually found in alcohol and drug treatment programs.

Vision Coverage (VI). A type of coverage used to provide routine eye exams done on an annual basis. Coverage is also provided for eyeglasses and contact lenses on an annual basis.

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The DEERS is not the database of record for OHI for claims processing purposes. The purchased care contractors will process claims based on the OHI information contained in their own systems, received on the claim form, or through the existence of OHI data on the DEERS central repository.

When the purchased care contractors receive evidence of OHI through the claims process, they shall initiate the development process for the suspected OHI. The MCSCs and the Designated Providers (DPs) shall be responsible for developing for medical coverage OHI based on evidence of its existence. The Pharmacy contractor shall be responsible for developing for

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pharmacy coverage OHI based on evidence of its existence. When the MCSCs suspect pharmacy coverage, they will refer the case to the Pharmacy contractor. When the Pharmacy contract suspects medical coverage, they shall refer the case to the MCSC. Detail on the development of OHI medical coverage or OHI pharmacy coverage is contained in Section 6.4.2.

Purchased care contractors are required to update DEERS within two business days of receiving sufficient data to enter the minimum information necessary to add an OHI record. If only the minimum data is entered, the purchased care contractors are required to develop for the remaining OHI data necessary to complete the OHI record within 15 days of receiving evidence of potential OHI.

Purchased care contractors enter temporary OHI placeholder records when there is evidence that an OHI policy exists but there is insufficient data to enter the required minimum information for a correct OHI record. The data for an OHI placeholder record is defined in Section 6.4.2. Once the full OHI information is developed, the placeholder record shall be cancelled and the complete OHI record entered in its place.

Placeholder records are not added when DEERS already has evidence of OHI for a patient.

Medicare coverage is not considered OHI in DEERS. While Medicare gap policies or other commercially purchased Medicare supplemental insurance policies may be added as OHI, Medicare Part A, and Medicare Part B, Supplemental Insurance, are considered Other Government Programs (OGP) within DEERS and are not stored as OHI. Additional guidance for OGP Medicare processing may be found in the Claims Processing Business Rules.

Actions

- **Add**
 - Add a new OHI Policy and Coverage(s)
 - Add a new Coverage to an existing OHI Policy
 - Add Placeholder OHI Policies
- **Update**
 - Update data on an OHI Policy and Coverage(s)
 - Update data on an OHI Policy only
 - Update data on an OHI Coverage only
- **Cancel**
 - Cancel an OHI Policy and Coverage Add
 - Cancel an OHI Policy and Coverage Update

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- **Systematic Termination**

- SIT Carrier Rejected
- SIT Carrier Deactivated
- SIT Carrier Cancelled

Add New OHI Policy and Coverage

- OHI Policies and Coverages are added for each beneficiary.
- An OHI Policy must have one Coverage and can have multiple Coverages.
- An OHI Coverage is a unique combination of:
 - OHI Coverage Type Code
 - OHI Coverage Payer Type Code
- OHI Policies can be assigned to a Temporary or Standard/Verified SIT Health Insurance Carrier.
 - OHI Policies cannot be assigned to Cancelled, Deactivated, or Rejected SIT Health Insurance Carriers.
- The OHI Coverage Effective Period (the date range of Effective Date to Expiration Date) must fall within the OHI Policy's Effective Period.

Add New OHI Policy and Coverage

- Required data for adding a new OHI Policy:
 - Health Insurance Carrier
 - Policy ID
 - Effective Date
 - HIPAA Insurance Type Code
 - HIPAA Person Association Code
 - Claim Filing Code

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- Group Plan Name (if the OHI Policy is a Group Policy)
- Group Employer Name (if the OHI Policy is a Group Policy)
- Required data for adding a new OHI Coverage:
 - Health Insurance Carrier Coverage Type Code
 - Health Insurance Carrier Coverage Payer Type Code
 - OHI Coverage Type Code
 - OHI Coverage Payer Type Code
 - Effective Date
 - Coverage Precedence Code

Add New Coverage to Existing OHI Policy

- A new Coverage can be added to an existing OHI Policy with other active Coverages.
- The new OHI Coverage's Effective Period (the date range of Effective Date to Expiration Date) must fall within the OHI Policy's Effective Period.

Add Placeholder OHI Policies

- A Placeholder OHI Policy can be added for a beneficiary when there is evidence of OHI but all the details are not known.
- Placeholder OHI Policies are assigned:
 - To the Placeholder SIT Health Insurance Carrier, "PLACEHOLDER HIC ID", HIC ID UNKVA0001
 - With an OHI Coverage Type Code XM – Comprehensive Medical
 - With an OHI Coverage Payer Type Code B - Both
- Once an OHI Policy is fully developed:

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- The Placeholder OHI Policy is terminated (an Expiration Date is assigned).
- A new OHI Policy and Coverage(s) is added.

Update OHI Policies and Coverages

- OHI Policy and Coverage data can be updated.
 - OHI Policy data can be updated, except for:
 - Patient ID
 - HIC ID
 - Policy ID
 - Policy Effective Date
 - OHI Policy Coverage data can be updated, except for:
 - OHI Coverage Type Code
 - OHI Coverage Payer Type Code
 - HIC Coverage Type Code
 - HIC Coverage Payer Type Code

Cancel OHI Policies and Coverages

- Cancel applies to a “transaction”:
 - Cancel the last Add transaction.
 - Cancel the last Update transaction.
- OHI Adds and Updates can only be cancelled by the Site that submitted the Add or Update transaction.
- Cancelling all subordinate OHI Coverages automatically cancels the OHI Policy.

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Systematic Terminations

- If a SIT Carrier is cancelled, all OHI Policies with that SIT Carrier assignment are systematically cancelled.
- If a SIT Carrier Add is rejected by the TMA UBO during the verification process, all OHI Policies with that SIT Carrier assignment are systematically cancelled.
- Once a SIT Carrier Deactivation is verified by TMA UBO, all OHI Policies with that SIT Carrier assignment are systematically cancelled.
- Cancelling all subordinate OHI Coverages systematically cancels the “parent” OHI Policy.

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OHI TABLE (Other Health Insurance Table) Data Element Names

Other Health Insurance Policy (OHI) Table Data Element Name (Parent Policy Table)	Information
Patient Identifier (10 characters)	Person Identifier
Health Insurance Carrier (HIC) Identifier (9 characters)	Other Health Insurance (OHI) Key to SIT
Other Health Insurance (OHI) Action Code (Transfer only) (1 character)	A=Add, U=Update, C=Cancel, D=Deactivated, N=No Change
Other Health Insurance (OHI) Policy Identifier (20 characters)	
Other Health Insurance (OHI) HIPAA Insurance Type Code (2 characters)	AP=Auto Insurance Policy, CI=Commercial (default), CP = Medicare Conditionally Primary, HM=HMO, GP=Group Policy, IP = Individual Policy, LD = Long Term Policy, LT = Litigation, MB = Medicare Part B, MC = Medicaid, MI = Medigap Part B, MP = Medicare Primary, OT=Other, PP = Personal Payment, SP=Supplemental Policy
Other Health Insurance (OHI) Card Holder Identifier (20 characters)	Used if the insured has a separate care holder Identification Number issued by the Insurance Carrier
Other Health Insurance (OHI) Transaction System Name (Transfer only) (40 characters)	System Name of the site that processed the last OHI Policy action.
Other Health Insurance (OHI) Effective Calendar Date (8 characters)	CCYYMMDD
Other Health Insurance (OHI) Expiration Calendar Date (8 characters)	CCYYMMDD
Other Health Insurance (OHI) End Reason Code (1 character)	U=No Date Can be Predicted (if no OPC_EXP_DT), Q=Date is Certain, R=Date is Estimated, E=Cancelled, S=Terminated, D=Deactivated

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Other Health Insurance Policy (OHI) Table Data Element Name (Parent Policy Table)	Information
Other Health Insurance (OHI) Policyholder HIPAA Person Association Code (2 character)	01=Spouse, 04=Grandfather or Grandmother, 05=Grandson or Granddaughter, 07=Nephew or Niece, 09=Adopted Child, 10=Foster Child, 15=Ward, 17=Stepson or Stepdaughter, 18=Self, 19=Child, 20=Employee, 21=Unknown, 22=Handicapped Dependent, 23=Sponsored Dependent, 24=Dependent with a Minor Dependent, 29=Significant Other, 32=Mother, 33=Father, 34=Other Adult, 36=Emancipated Minor, 39=Organ Donor, 40=Cadaver Donor, 41=Injured Plaintiff, 43=Child Where Insured Has No Financial Responsibility, 53=Life Partner, G8=Other Relationship
Other Health Insurance (OHI) Policyholder Full Name Text (70 characters)	(For use by CHCS. Format: Last Name – comma – First Name – space – Middle Name or Middle Initial)
Other Health Insurance (OHI) Policyholder Surname Text (30 characters)	
Other Health Insurance (OHI) Policyholder Forename Text (20 characters)	
Other Health Insurance (OHI) Policyholder Middle Name Text (20 characters)	
Other Health Insurance (OHI) Policyholder Person Identifier (9 characters)	Identifier that represents the subscriber of the Other Health Insurance (OHI)
Other Health Insurance (OHI) Group Plan Name (35 characters)	This includes the field that used to be title Group PolicyName; Required if OHI_HIPAA_INS_TYP_CD = GP
Other Health Insurance (OHI) Group Policy Identifier (17 characters)	Required if OHI_HIPAA_INS_TYP_CD = GP
Other Health Insurance (OHI) Group Employer Name (35 characters)	Required if OHI_HIPAA_INS_TYP_CD = GP
Other Health Insurance (OHI) Group Employer Mailing Address Line 1 Text (50 characters)	Used for Attention Line, Department, or special mailing indications.
Other Health Insurance (OHI) Group Employer Mailing Address Line 2 Text (50 characters)	User for street address or post office box.
Other Health Insurance (OHI) Group Employer Mailing Address City Name (30 characters)	

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Other Health Insurance Policy (OHI) Table Data Element Name (Parent Policy Table)	Information
Other Health Insurance (OHI) Group Employer Mailing Address US Postal State Code (2 characters)	
Other Health Insurance (OHI) Group Employer Mailing Address Country Code (2 characters)	
Other Health Insurance (OHI) Group Employer Mailing Address US Postal Region Zip Code (5 characters)	
Other Health Insurance (OHI) Group Employer Mailing Address US Postal Region Zip Extension Code (4 characters)	
Other Health Insurance (OHI) Group Employer Telephone Address Line Identifier (20 characters)	Required if OHI_HIPAA_INS_TYP_CD = GP
Other Health Insurance (OHI) Group Employer Telephone Address Line Identifier Extension Identifier (5 characters)	
Other Health Insurance (OHI) Coverage Claim Filing Code (2 characters)	09=Self Pay (default), 10=Central Clarification, 11=Other Non-Federal Programs, 12=Preferred Provider Organization (PPO), 13=Point of Service (POS), 14=Exclusive Provider Organization (EPO), 15=Indemnity Insurance, 16=Health Maintenance Organization (HMO) Medicare Risk, AM=Automobile Medical BL=Blue Cross/Blue Shield, CI=Commercial Insurance Company, DS=Disability, HM=Health Maintenance Organization, LI=Liability, LM=Liability Medical, MB = Medicare Part B, MC = Medicaid, OF = Other Federal Program, TV = Title V, WC=Worker' Compensation Health Claim, ZZ=Mutually Defined Unknown

A "Transfer Only" element is not stored on the data base but is returned when an Inquiry is received for OHI information.

OTHER HEALTH INSURANCE

Other Health Insurance Policy Coverage (OPC) Table Data Element Names (Child Table)	Information
Patient Identifier (10 characters)	Person Identifier
Health Insurance Carrier (HIC) Identifier (9 characters)	Other Health Insurance (OHI) Key to HIC
Other Health Insurance (OHI) Coverage Type Code (9 characters)	XM=Comprehensive Medical (default), MD=Medical Only, DN=Dental, IP=Inpatient, OP=Outpatient, LT=Long Term Care, RX=Pharmacy Only, MH=Mental Health, VI=Vision, PH=Partial Hospitalization, SN=Skilled Nursing
Other Health Insurance (OHI) Carrier Coverage Payer Type Code (2 characters)	B=Both Institutional and Professional, I=Institutional, P=Professional, N=Nonbillable
Other Health Insurance (OHI) Coverage Action Code (transfer only) (1 character)	A=Add, U=Update, C=Cancel, N=No Change
Health Insurance Carrier (HIC) Coverage Type Code (2 characters)	XM=Comprehensive Medical (default), MD=Medical Only, DN=Dental, IP=Inpatient, OP=Outpatient, LT=Long Term Care, RX=Pharmacy Only, MH=Mental Health, VI=Vision, PH=Partial Hospitalization, SN=Skilled Nursing
Health Insurance Carrier (HIC) Coverage Payer Type Code (1 character)	B=Both Institutional and Professional, I=Institutional, P=Professional, N=Nonbillable
Other Health Insurance (OHI) Policy Coverage Transaction System name (Transfer Only) (40 characters)	System Name of the site that processed the last OHI Policy Coverage action.
Other Health Insurance (OHI) Policy Coverage Effective Calendar Date (8 characters)	CCYYMMDD
Other Health Insurance (OHI) Policy Coverage Expiration Calendar Date (8 characters)	CCYYMMDD
Other Health Insurance (OHI) Policy Coverage End Reason Code (1 character)	U=No Date Can be Predicted (if no OPC_EXP_DT), Q=Date is Certain, R=Date is Estimated, E=Cancelled, S=Terminated, D=Deactivated
Other Health Insurance (OHI) Policy Coverage Precedence Code (1 character)	1=Primary (default), 2=Secondary, 3=Tertiary, N=Non-Ranked

OTHER HEALTH INSURANCE

OHI Coverage Type Code Definitions

Comprehensive Medical (XM). A type of coverage used as the default when it is known that medical coverage exists but it is not known if pharmacy coverage exists under that medical policy. When it is known that pharmacy does not exist for the medical coverage than the coverage type entered is Medical (MD). If medical coverage and pharmacy coverage both exist then the coverage types entered are Medical (MD) and Pharmacy (RX).

Dental Coverage (DN). A type of coverage used to provide preventive, restorative, and emergency dental services. Preventive services include biannual routine examinations, cleanings and x-rays. Restorative services may include basic and major dental procedures such as fillings, extractions, crowns, and dentures.

Inpatient Coverage (IP). A type of coverage used when a patient requires inpatient admission to a DoD Medical treatment facility or to a contracted provider facility within the network. Inpatient coverage is when they are in a treatment facility that will require them to stay more than 24 hours.

Outpatient Coverage (OP). A type of coverage used when a patient requires outpatient clinical services from a DoD Medical treatment facility or from a contracted provider facility within the network. The patient is sent home the same day from the treatment facility.

Long Term Care Coverage (LT). A type of coverage used to cover a patient's extended stay in an approved facility. Long Term Care is usually for someone who has a serious injury that requires the supervision and attention of a health care provider 24 hours a day, 7 days per week.

Medical Coverage (MD). A type of coverage used to provide care for individuals as an inpatient/outpatient at the medical treatment facilities. A patient can be seen in a DoD treatment facility or a contracted facility within the network.

Mental Health Coverage (MH). A type of coverage used when a patient requires mental health/substance abuse treatment and counseling. The patient is covered as an inpatient or outpatient.

Pharmacy Coverage (RX). A type of coverage used to cover a patient's prescribed medication by a physician. Generic and brand medication is also covered if filled at a network pharmacy.

Skilled Nursing Facility Coverage (SN). A type of coverage used when a patient requires SNF care following strokes, accidents, or other major injury event. The coverage is used in the Medicare population under the Tricare Senior Program (TSP) and for Prime enrollees who require SNF care.

Partial Hospitalization (PH). A type of coverage used when a patient stays in a hospital during the night and leaves on pass during the day for work. The coverage is usually found in alcohol and drug treatment programs.

Vision Coverage (VI). A type of coverage used to provide routine eye exams done on an annual basis. Coverage is also provided for eyeglasses and contact lenses on an annual basis.